

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

United Food and Commercial Workers International Union Working Families Advocacy Project

ADDRESS (number and street)

1775 K Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20006-1598

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00484253

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☒ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Lopez, Esther R., ,

Type or Print Name of Treasurer

Signature of Treasurer

Lopez, Esther R., ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 14 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

United Food and Commercial Workers International Union Working Families Advocacy Project

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		258672.15
(b) Cash on Hand at Beginning of Reporting Period.....	257053.12	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	257053.12	258672.15
7. Total Disbursements (from Line 31).....	69973.88	71592.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	187079.24	187079.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12894.29	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

United Food and Commercial Workers International Union Working Families Advocacy Project

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

0.00

0.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-162.00	1133.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-162.00	1133.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44747.04	44747.04
24. Independent Expenditures (use Schedule E)	162.00	486.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	25226.84	25226.84
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69973.88	71592.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69973.88	71592.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	-162.00	1133.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	-162.00	1133.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

Full Name (Last, First, Middle Initial)

A. KELLY PRESS

Mailing Address 1701 CABIN BRANCH ROAD

City
CHEVERLYState
MDZip Code
20785Purpose of Disbursement
Printing - Campaign Posters, IE as Disclosed on Schedule E

006

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : 14249051

Amount of Each Disbursement this Period

-81.00

☐ Memo Item Printing - Campaign Posters, IE as Disclosed on Schedule E

Full Name (Last, First, Middle Initial)

B. KELLY PRESS

Mailing Address 1701 CABIN BRANCH ROAD

City
CHEVERLYState
MDZip Code
20785Purpose of Disbursement
Printing - Campaign Posters, IE as Disclosed on Schedule E

006

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

FEC Identification Number

C

Transaction ID : 14313423

Amount of Each Disbursement this Period

-81.00

☐ Memo Item Printing - Campaign Posters, IE as Disclosed on Schedule E

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-162.00

-162.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

Full Name (Last, First, Middle Initial)

A. UFCW Local No. 655

Mailing Address 300 Weidman Road

City
BallwinState
MOZip Code
63011-4433Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Category/
Type

Candidate Name

Working America Coalition

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C C00620583

Transaction ID : 14408879

Amount of Each Disbursement this Period

7767.59

☐ Memo Item In-Kind for Staff Salaries and Benefits

Full Name (Last, First, Middle Initial)

B. UFCW Local No. 1059Mailing Address 4150 East Main Street
Second FloorCity
ColumbusState
OHZip Code
43213-2966Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Category/
Type

Candidate Name

Working America Coalition

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C C00620583

Transaction ID : 14408882

Amount of Each Disbursement this Period

11544.53

☐ Memo Item In-Kind for Staff Salaries and Benefits

Full Name (Last, First, Middle Initial)

C. UFCW Local No. 711Mailing Address 1201 North Decatur Boulevard
Suite 116City
Las VegasState
NVZip Code
89108Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Category/
Type

Candidate Name

Working America Coalition

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C C00620583

Transaction ID : 14408883

Amount of Each Disbursement this Period

725.44

☐ Memo Item In-Kind for Staff Salaries and Benefits
SUBTOTAL of Disbursements This Page (optional)..... ►

20037.56

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

Full Name (Last, First, Middle Initial)

A. UFCW Local No. 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Mailing Address 143 North Front Street

City
MiltonState
PAZip Code
17847Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Category/
Type

Candidate Name

Working America CoalitionOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00620583

Transaction ID : 14408886

Amount of Each Disbursement this Period

1684.08

☐ Memo Item In-Kind for Staff Salaries and Benefits

Full Name (Last, First, Middle Initial)

B. UFCW Local No. 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Mailing Address 345 Southpointe Boulevard
Suite 300City
CanonsburgState
PAZip Code
15317Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Category/
Type

Candidate Name

Working America CoalitionOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00620583

Transaction ID : 14408887

Amount of Each Disbursement this Period

5353.76

☐ Memo Item In-Kind for Staff Salaries and Benefits

Full Name (Last, First, Middle Initial)

C. UFCW Local No. 75

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Mailing Address 913 Lebanon St.

City
MonroeState
OHZip Code
45050Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Category/
Type

Candidate Name

Working America CoalitionOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00620583

Transaction ID : 14408889

Amount of Each Disbursement this Period

10301.03

☐ Memo Item In-Kind for Staff Salaries and Benefits**SUBTOTAL** of Disbursements This Page (optional).....▶

17338.87

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

Full Name (Last, First, Middle Initial)

A. INTERNATIONAL CHEMICAL WORKERS UNION COUNCIL/UFCW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Mailing Address 1799 AKRON-PENINSULA ROAD, SUITE 3

City
AKRONState
OHZip Code
44313Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Candidate Name

Working America CoalitionCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00620583

Transaction ID : 14408900

Amount of Each Disbursement this Period

289.01

☐ Memo Item In-Kind for Staff Salaries and Benefits

Full Name (Last, First, Middle Initial)

B. INTERNATIONAL CHEMICAL WORKERS UNION COUNCIL/UFCW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Mailing Address 1799 AKRON-PENINSULA ROAD, SUITE 3

City
AKRONState
OHZip Code
44313Purpose of Disbursement
In-Kind for Staff Salaries and Benefits

011

Candidate Name

Working America CoalitionCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C C00620583

Transaction ID : 14408901

Amount of Each Disbursement this Period

7081.60

☐ Memo Item In-Kind for Staff Salaries and Benefits

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7370.61

TOTAL This Period (last page this line number only).....▶

44747.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

Full Name (Last, First, Middle Initial)

A. UFCW Local No. 7RMailing Address 7760 West 38th Avenue
Suite 400City
Wheat RidgeState
COZip Code
80033-9982Purpose of Disbursement
Canvassing for Hillary Clinton, Morgan Carroll/Internal Communication to
Members Per AO 2000-3
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : 14354724

Amount of Each Disbursement this Period

9635.58

☐ Memo Item Canvassing for Hillary Clinton,
Morgan Carroll/Internal
Communication to Members Per

Full Name (Last, First, Middle Initial)

B. UFCW Local No. 1996Mailing Address 3302 McGinnis Ferry Road
Suite 201City
SuwaneeState
GAZip Code
30024Purpose of Disbursement
Non-Federal Canvassing

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : 14372851

Amount of Each Disbursement this Period

1015.42

Non-Federal Canvassing

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UFCW Local No. 7RMailing Address 7760 West 38th Avenue
Suite 400City
Wheat RidgeState
COZip Code
80033-9982Purpose of Disbursement
Canvassing for Hillary Clinton, Morgan Carroll/Internal Communication to
Members Per AO 2000-3
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : 14372854

Amount of Each Disbursement this Period

9552.06

☐ Memo Item Canvassing for Hillary Clinton,
Morgan Carroll/Internal
Communication to Members Per**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20203.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

Full Name (Last, First, Middle Initial)

A. UFCW Local No. 1996Mailing Address 3302 McGinnis Ferry Road
Suite 201City
SuwaneeState
GAZip Code
30024Purpose of Disbursement
Non-Federal Canvassing

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : 14373918

Amount of Each Disbursement this Period

5023.78

Non-Federal Canvassing

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5023.78

25226.84

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

United Food and Commercial Workers International Union Working Families Advocacy Project

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ad Ventures

Nature of Debt (Purpose):

Printing - Campaign Buttons

Mailing Address 7 Shell Rd.

City

Rocky Point

State

NY

Zip Code

11778

Outstanding Balance Beginning This Period

0.00

Transaction ID : 14410670

Amount Incurred This Period

825.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

825.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICAN UNIONS EMBROIDERY AND SCREEN PRINTING, INC.

Nature of Debt (Purpose):

Printing - Campaign T-Shirts

Mailing Address 12 SWIGGUM RD

City

WESTBY

State

WI

Zip Code

54667

Outstanding Balance Beginning This Period

0.00

Transaction ID : 14410671

Amount Incurred This Period

9574.29

Payment This Period

0.00

Outstanding Balance at Close of This Period

9574.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

KELLY PRESS

Nature of Debt (Purpose):

Printing - Campaign Signs

Mailing Address 1701 CABIN BRANCH ROAD

City

CHEVERLY

State

MD

Zip Code

20785

Outstanding Balance Beginning This Period

0.00

Transaction ID : 14410672

Amount Incurred This Period

2495.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2495.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12894.29

2) **TOTALS** This Period (last page this line number only)..... ►

12894.29

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

12894.29

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee KELLY PRESS			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 1701 CABIN BRANCH ROAD			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City CHEVERLY		State MD	Zip Code 20785		
Purpose of Expenditure Printing - Campaign Posters			Category/Type <div style="border: 1px solid black; padding: 2px;">006</div>		
Name of Federal Candidate: CLINTON, HILLARY, R, ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">162.00</div>		
Name of Federal Candidate: CLINTON, HILLARY, R, ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">243.00</div>		

Full Name of Payee KELLY PRESS			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination	
Mailing Address 1701 CABIN BRANCH ROAD			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City CHEVERLY		State MD	Zip Code 20785	
Purpose of Expenditure Printing - Campaign Posters			Category/Type <div style="border: 1px solid black; padding: 2px;">006</div>	
Name of Federal Candidate: CLINTON, HILLARY, R, ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">243.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">162.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lopez, Esther R., ,

Signature

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Ad Ventures Printing - Campaign Buttons			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 7 Shell Road			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">825.00</div>		
City Rocky Point	State NY	Zip Code 11778	Transaction ID : 14361434 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Printing - Campaign Buttons		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: CLINTON, HILLARY, R, ,			<div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">13137.29</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item AMERICAN UNIONS EMBROIDERY AND SCREEN PRINTING, INC. Printing - Campaign T-Shirts			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 123 SWIGGUM ROAD			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9574.29</div>		
City WESTBY	State WI	Zip Code 54667	Transaction ID : 14361438 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Printing - Campaign T-Shirts		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: CLINTON, HILLARY, R, ,			<div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">13137.29</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Lopez, Esther R., , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Full Name of Payee <input checked="" type="checkbox"/> Memo Item KELLY PRESS Printing - Campaign Signs			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Mailing Address 1701 CABIN BRANCH ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2495.00 </div>							
City CHEVERLY	State MD	Zip Code 20785	Transaction ID : 14361436 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Purpose of Expenditure Printing - Campaign Signs		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 006 </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Name of Federal Candidate: CLINTON, HILLARY, R, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13137.29 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>							
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 000 </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">0.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">162.00</td> </tr> </table>					(a) SUBTOTAL of Itemized Independent Expenditures	0.00	(a) SUBTOTAL of Unitemized Independent Expenditures	0.00	(a) TOTAL Independent Expenditures	162.00
(a) SUBTOTAL of Itemized Independent Expenditures	0.00									
(a) SUBTOTAL of Unitemized Independent Expenditures	0.00									
(a) TOTAL Independent Expenditures	162.00									
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.										
Signature <u>Lopez, Esther R., ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>							

[Electronically Filed]